

Commonwealth of Pennsylvania  
CAMPAIGN FINANCE REPORT

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(COVER PAGE)

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number		Report Filed By:	CANDIDATE	1. COMMITTEE	2. X	3. LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: Friends of Charles M. Dertinger								
Street Address: 8541 Delaware Drive		State: PA		Zip Code: 18013 -				
City: Bangor								
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1. 2ND FRIDAY PRE-PRIMARY	2. 30 DAY POST-PRIMARY	3. AMENDMENT REPORT?	YES	NO		
	6TH TUESDAY PRE-ELECTION	4. 3RD FRIDAY PRE-ELECTION	5. 30 DAY POST-ELECTION	6. X	TERMINATION REPORT?	YES	NO	
	ANNUAL REPORT	7. YEAR	FILING METHOD 1 CHECK ONE	PAPER	X	DISKETTE		
Name of Office Sought by Candidate: County Council at Large			DATE OF ELECTION MO. 11 DAY 6 YEAR 07		District Number 4	Office Code 0TH	Party Code DEM	County Code 48
Summary of Receipts and Expenditures from: 5 3 07			To 11 26 07		FOR OFFICE USE ONLY			
A. Amount Brought Forward From Last Report			\$ 2070.57		7001 NOV 30 P 3:42			
B. Total Monetary Contributions and Receipts (From Schedule I)			\$ 1600.00		ENTERED			
C. Total Funds Available (Sum of Lines A and B)			\$ 3670.57		NORTHAMPTON COUNTY ELECTION OFFICE EASTON, PA 18042			
D. Total Expenditures (From Schedule III)			\$ 2500-					
E. Ending Cash Balance (Subtract Line D from Line C)			\$ 1170.57					
F. Value of In-Kind Contributions Received (From Schedule II)			\$ 0					
G. Unpaid Debts and Obligations (From Schedule IV)			\$ 500-					

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

29th day of November 2010	COMMONWEALTH OF PENNSYLVANIA	Maria A Dertinger
NOTARIAL SEAL		Signature of Person Submitting Report
CAROL A. CUONO, Notary Public Pen Argyl Boro., Northampton County Signature My Commission Expires October 26, 2010		Maria A. Dertinger
My commission expires		Printed Name
MO. 10	DAY 0	Area Code 610
		588 9998 Daytime Telephone Number

PART II - If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, No. 320) as amended.

Sworn to and subscribed before me this

29th day of November 2010	COMMONWEALTH OF PENNSYLVANIA	M. Dertinger
NOTARIAL SEAL		Signature of Candidate
CAROL A. CUONO, Notary Public Pen Argyl Boro., Northampton County Signature My Commission Expires October 26, 2010		Printed Name M. Dertinger
My commission expires		217 1653 Daytime Telephone Number
MO. 10	DAY 0	Area Code

Department of State • Bureau of Commissions, Elections and Legislation  
303 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280

## CONTRIBUTIONS AND RECEIPTS

## Detailed Summary Page

Name of Filing Committee or Candidate <b>Friends of Charles M. Dertinger</b>	Reporting Period From <u>5/3/07</u> To <u>11/26/07</u>
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## 1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the Reporting Period	(1)	\$ <u>0</u>
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## 2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)

Contributions Received from Political Committees (Part A)	\$ <u>100</u> —
All Other Contributions (Part B)	\$ <u>0</u>
TOTAL for the Reporting Period	(2) \$ <u>100</u> —

## 3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)

Contributions Received from Political Committees (Part C)	\$ <u>1000</u> —
All Other Contributions (Part D)	\$ <u>500</u>
TOTAL for the Reporting Period	(3) \$ <u>1500</u> —

## 4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)

TOTAL for the Reporting Period	(4) \$ <u>0</u> —
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TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ <u>1600</u> —
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## PART A

## CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

**\$50.01 TO \$250.00**

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

**PAGE TOTAL**

\$ 100—

## CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

**OVER \$250.00**

Use this Part to itemize only contributions received from political committees with an aggregate value over \$250.00 in the reporting period.

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL

\$ 1000—

### **ALL OTHER CONTRIBUTIONS**

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.  
(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate			Reporting Period		
Friends of Charles M. Dertinger			From 5/3/07 To 11/26/07		
			DATE		AMOUNT
Full Name of Contributor Charles M. Dertinger			MO.	DAY	YEAR
			10	23	07
Mailing Address 8541 Delaware Drive			MO.	DAY	YEAR
City Bangor			MO.	DAY	YEAR
Employer Name Fisk Electric			Occupation Project Manager		
Employer Mailing Address/Principal Place of Business NY, NY					
Full Name of Contributor			MO.	DAY	YEAR
Mailing Address			MO.	DAY	YEAR
City			MO.	DAY	YEAR
Employer Name			Occupation		
Employer Mailing Address/Principal Place of Business					
Full Name of Contributor			MO.	DAY	YEAR
Mailing Address			MO.	DAY	YEAR
City			MO.	DAY	YEAR
Employer Name			Occupation		
Employer Mailing Address/Principal Place of Business					
Full Name of Contributor			MO.	DAY	YEAR
Mailing Address			MO.	DAY	YEAR
City			MO.	DAY	YEAR
Employer Name			Occupation		
Employer Mailing Address/Principal Place of Business					
Full Name of Contributor			MO.	DAY	YEAR
Mailing Address			MO.	DAY	YEAR
City			MO.	DAY	YEAR
Employer Name			Occupation		
Employer Mailing Address/Principal Place of Business					

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>Friends of Charles M. Dertinger</b>			Reporting Period From <u>5/3/07</u> To <u>11/26/07</u>			
To Whom Paid <b>Northampton County Dem. Com.</b>			MO.	DAY	YEAR	Amount <b>\$ 2500-</b>
Mailing Address <b>2117 Montgomery St.</b>			Description of Expenditure			
City <b>Bethlehem</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18017 -</b>				
To Whom Paid			MO.	DAY	YEAR	Amount <b>\$</b>
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4) <b>-</b>				
To Whom Paid			MO.	DAY	YEAR	Amount <b>\$</b>
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4) <b>-</b>				
To Whom Paid			MO.	DAY	YEAR	Amount <b>\$</b>
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4) <b>-</b>				
To Whom Paid			MO.	DAY	YEAR	Amount <b>\$</b>
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4) <b>-</b>				
To Whom Paid			MO.	DAY	YEAR	Amount <b>\$</b>
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4) <b>-</b>				
To Whom Paid			MO.	DAY	YEAR	Amount <b>\$</b>
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4) <b>-</b>				
To Whom Paid			MO.	DAY	YEAR	Amount <b>\$</b>
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4) <b>-</b>				
To Whom Paid			MO.	DAY	YEAR	Amount <b>\$</b>
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4) <b>-</b>				

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL  
**\$ 2500-**

SCHEDULE IV  
STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations  
which are outstanding at the end of the reporting period.

Name of Filing Committee or Candidate <b>Friends of Charles M. Dertinger</b>		Reporting Period From <u>5/3/07</u> To <u>11/26/07</u>				
Name of Creditor <b>Charles M. Dertinger</b> Mailing Address <b>8541 Delaware Drive</b> City <b>Bangor</b>		DATE DEBT INCURRED	MO.	DAY	YEAR	Outstanding Balance of Debt <b>\$ 500-</b>
			<b>10</b>	<b>23</b>	<b>07</b>	
Description of Debt <b>Loan</b>		State	Zip Code (Plus 4)			
Name of Creditor Mailing Address City		DATE DEBT INCURRED	MO.	DAY	YEAR	Outstanding Balance of Debt <b>\$</b>
Description of Debt		State	Zip Code (Plus 4)			
Name of Creditor Mailing Address City		DATE DEBT INCURRED	MO.	DAY	YEAR	Outstanding Balance of Debt <b>\$</b>
Description of Debt		State	Zip Code (Plus 4)			
Name of Creditor Mailing Address City		DATE DEBT INCURRED	MO.	DAY	YEAR	Outstanding Balance of Debt <b>\$</b>
Description of Debt		State	Zip Code (Plus 4)			
Name of Creditor Mailing Address City		DATE DEBT INCURRED	MO.	DAY	YEAR	Outstanding Balance of Debt <b>\$</b>
Description of Debt		State	Zip Code (Plus 4)			
Name of Creditor Mailing Address City		DATE DEBT INCURRED	MO.	DAY	YEAR	Outstanding Balance of Debt <b>\$</b>
Description of Debt		State	Zip Code (Plus 4)			
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.						PAGE TOTAL <b>\$ 500-</b>